

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **ENDING SPENDING INC**(b) Address (number and street) ☐ check if different than previously reported
1101 Pennsylvania Ave., N.W.
Suite 700(c) City, State and ZIP Code
Washington DC 20004**2. FEC Identification Number****C** C30001929

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

through

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2012(b) Communication Title Past Due and Online ads**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Mark Simmons

(b) Address (number and street)

1101 Pennsylvania Ave., N.W.
Suite 700

(c) City, State and ZIP Code

Washington

DC 20004

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 515000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mark Simmons

SIGNATURE Mark Simmons

[Electronically Filed] DATE 11/02/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.